

629 N 6th Street Ste A Lafayette, Indiana 47901 M-F 8-4:15 pm

Mail-in Birth Certificate Application

REQUEST FOR A BIRTH RECORD

You must be 18 years or older and present proper identification (Please print information and sign below)

Individual Named on Birth Record:			
First	M	iddle	Last
Date of Birth:	_//_	Number of Copi	es:
Place of Birth (Name of Hospital):			
Name of Father: _			
Name of Mother:	First	Middle	Last
	First	Middle	Last
The fee for a certified copy is \$10.00. Payable by Cash, Money Order or Cashier's Check. No Personal Checks will be accepted.			
Person Obtaining Record (Check Appropriate Box): o Individual named on the record o Parent, Legal Guardian(Please provide guardianship papers) o Grandparent (Please provide copy of Birth Record of Parent of Child)			
Your Name:			
Signature:			
Address:			
City:	State:	Zip:Phone:	

Acceptable Forms of Identification

A valid U.S. driver's License, valid U.S. State Identification card, and valid U.S. passport will be accepted.

If you do not have any of the above forms of identification, then you must present **two (2) pieces** of the following identification:

- o Social Security Car with signature
- Certified copy of Voter Registration Card
- Employee ID Card with Photo and Signature
- Library Card with Signature
- o Copy of a Bank Card with Printed Name and Signature
- Nurse License
- Hunting/Fishing License
- Car Registration with signature
- Court documents with signature
- o Medical documents with signature
- o Divorce degree or marriage certificate

To Obtain a Copy of a Birth Record by Mail

Requests for records must include:

- o Completion of this form
- Requestor's signature on the form.
- o Legible photocopy of requestor's identification.
- Cash, Cashier's Check or Money Order made payable to Tippecanoe
 County Health Department
- Self- Addressed Envelope
- Mail your request to:

Tippecanoe County Health Department Attn: Vital Records 629 N 6th St. Ste A Lafayette, IN 47901